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## BIB DATA SHEET

CONFIRMATION NO. 2533

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/527,460	03/11/2005	604	3761	P70415US0		
<b>RULE</b>						
<b>APPLICANTS</b> Josef Beden, Mainz-Kastel, GERMANY; /LRD/ Joachim Manke, Lohnberg, GERMANY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08000 07/22/2003						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 42 008.4 09/11/2002 /LRD/ 24 September 2008 GERMANY 102 45 619.4 09/30/2002						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/16/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON, DC 20004 UNITED STATES						
<b>TITLE</b> Method for returning blood from a blood treatment device, and device for carrying out this method						
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		